

tinued because of leukopenia, and in this patient the leukocyte count subsequently reverted to normal. In two others, the leukocyte counts reverted to normal during therapy, and in the fourth patient, leukopenia of approximately 4,000 cells per cu mm persisted for the duration of therapy.

Conclusion

Nafcillin is clearly an efficacious antistaphylococcal antibiotic agent, at least as effective as methicillin for systemic infection,^{10,11,17} and probably as effective for central nervous system infection,¹⁸ although controlled comparisons have not been done. The difference in cost between methicillin and nafcillin has diminished substantially since the institution of the study. For these reasons and the lack of significant nephrotoxicity detected in this study, we believe that nafcillin is the penicillinase-resistant penicillin of choice.

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Management of Nosebleeds

FIRST, AFTER YOU ASCERTAIN where the bleeding [in a nosebleed] is coming from, I prefer applying cocaine as a topical anesthetic agent. . . . If [the nosebleed] is a squirter or if it is a superficial one, I would prefer to cauterize and not pack if that is possible. . . . Silver nitrate is used by many in treating nosebleeds but I have not found it to be beneficial, especially for something that is more than just a superficial blood vessel. I prefer to use electrocautery in adults, and in children I use chromium trioxide B. It must be dry powdered chromium trioxide placed on a wire applicator that has been heated red hot. The chromium trioxide, which is dry, will fuse onto the bead, and it is almost as effective as using electrocautery. And it is certainly much more effective in children who are frightened to death if you were to approach them with electrocautery. . . .

—MORRIE MINK, MD, *San Francisco*

Extracted from *Audio-Digest Family Practice*, Vol. 28, No. 32, in the Audio-Digest Foundation's subscription series of tape-recorded programs. For subscription information: 1577 E. Chevy Chase Drive, Glendale, CA 91206.